



King County

Mental Health, Chemical Abuse and Dependency Services Division

Department of
Community and Human Services

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King County Mental Health Advisory Board (MHAB) Regular Meeting April 8, 2014

Members Present: Maria Davis, Nancy Dow, Alicia Glenwell, Kristin Houser, Toni Krupski, Eleanor Owen, Heather Spielvogel

Members Absent: Lauren Davis, John Holecek, Katelyn Morgaine (excused); Veronica Kavanagh, Allan Panitch, (unexcused)

Guests Present: Joan Clement, King County Alcoholism and Substance Abuse Administration Board (KCASAAB) Liaison; Helen Nilon (Burien Wellness Center); Kathy Obermeyer (Guest); Jeanne Slonecker (MH Ombuds); Cindy Spanton, Dennis Villas (Navos); Topher Jerome (Harborview)

Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)

Staff Present: Bryan Baird, Jean Robertson

I. Welcome and Introductions

Toni Krupski, Chair, convened the meeting at 4:30 p.m., at the Chinook Building, 401 5th Avenue, Seattle, Conference Room 126. She welcomed the members and introductions were made by each person in attendance. A quorum was present for this meeting.

II. Approval of Minutes

The March 11, 2014 meeting minutes were approved unanimously.

III. Peer Bridger Presentation ~ Nancy Dow, Topher Jerome, Cindy Spanton, Dennis Villas

Jean introduced representatives from Harborview Medical Center (HMC) and Navos and gave a brief history of the grant program. The grant was awarded by the Attorney General's Office for the County to develop a peer bridger program through contracted providers HMC and Navos (as they have inpatient and

outpatient services). The group has met regularly while operating the program, running for 10 months now.

The Board asked the group to briefly address the following:

1. Generally describe the program. What the agencies are doing and how it works.
2. Achievements.
3. Issues/concerns—cultural related issues; language barriers, personality disorders, system and budget challenges, medication challenges,

The HMC currently has four FTE's dedicated peer bridgers with three inpatient psychiatric units. For eligible patients, HMC provides peer bridger services up to 90 days. Peer bridgers build relationships with individuals while hospitalized and follow up with a variety of services (consultations, medication organization, transportation, personal assistance, etc.), after discharge.

The group each shared a few patient success stories. Some challenges are not having enough peer bridgers to meet the huge, unmet need, as well as system and budgetary issues to support this program. Overall, the program has been well received.

It has been said the peer bridgers brought new life to the workplace; they are fearless at following up with patients in the community (up to 90 days), unless extended; and providing services and resources to help ease being overwhelmed in a variety of circumstances; to get individuals connected again to the community, and help them carry forward on their own.

IV. Final Mental Health Block Grant (MHBG) Review and Vote

The MHBG Plan is proposed to fund the same services as previous years. These services are: Tribal Contract with Muckleshoot and Snoqualmie Tribes; Training on Tribal Youth Suicide Prevention Strategies; Geriatric Regional Assessment Team (GRAT); Hero House (Clubhouse); Children's Crisis Outreach Response System (CCORS); and Forensic Integrated Reentry Support and Treatment (FIRST); and NAMI Greater Seattle—to manage training and conference funds.

Jean reported that last year was the first year with a two-year block grant with a new format to present the plan. She noted the Substance Abuse and Mental Health Services Administration (SAMHSA) made rule revisions where the County must resubmit this plan with five percent of funding going to a very limited list of evidence-based practices, such as an intensive case management program.

Nancy moved the Board write a letter of support for the Federal Block Grant programs. The motion was seconded and passed unanimously.

V. Chairperson's Report ~ Toni Krupski

Eleanor Owen plans to resign her position on the Board at the end of her term this June.

VI. Committee Reports

Legislative Advocacy and Public Affairs Committee (LAPAC) Update

Eleanor reported the legislature, passed through the House, a bill to amend the ITA, yet it failed in the Senate. This Bill would have permitted the family of an individual to appeal to a judge and override the authority of a designated mental health professional to have the individual involuntarily committed. The U.S. Congress has introduced HR 3717 which would allow, among other things, payment to IMDs for acute care.

The next LAPAC meeting is scheduled for Monday, June 9, 2014, from 1 p.m. to 3 p.m., in Chinook room 116.

Membership Committee

The Bylaws revision project is tabled until this Fall. The Membership Committee will likely meet in May to discuss any potential new members, attendance, the application for Board membership, the onboarding process, and any other issues.

Alicia will be on maternity leave this July through September.

Quality Council (QC) Update

Kristin Houser spoke to the following QC discussion points:

- A report was given by Barb Vannatter and Max Lewis on the process for following up on Extraordinary Occurrences, a state mandated system. These are occurrences involving, for example, self-harm, attempted self-harm, harm to others, overdoses, and deaths. Also included were events that have attracted media coverage. Situations are being looked at to discover how these outcomes could have been better by looking into whether the client received appropriate increased attention and contacts during a time of crisis; was the agency aware the client was in crisis; and are there system changes that could be done differently system-wide? Trends are being looked in to, but to date, none have been found. [note: Jean did state that there have been trends on a couple of occasions a number of years ago that were addressed with quality improvement plans at the involved agencies] Other areas of concern is the use of opiate prescription as the potential for overdose/misuse is greater, and their relation to overdoses; a more recent problem.
- Kathy Crane gave a lengthy report on the Mental Health Transformation Grant that included imbedding the culture of trauma-informed care and progress made there. She also talked about the Risking Connection© work and subsequent survey.

The next QC meeting is scheduled for Monday, May 5, 2014, from 3 p.m. to 4:30 p.m., in Chinook room 124.

Recovery Advisory Committee (RAC) Update

No report.

The next RAC meeting is scheduled for Tuesday, April 15, 2014, from 3:30 p.m. to 5 p.m., in Chinook room 126.

Mental Illness and Drug Dependency (MIDD) Oversight Committee (OC) Update

No report.

The next MIDD OC meeting is scheduled for Thursday, April 24, 2014, from 12:15 p.m. to 1:45 p.m., in Chinook room 123.

VII. Staff Report – Jean Robertson

Jean gave the following updates:

Jean followed up on Eleanor's earlier comment about the Bill that did not pass that will change the criteria for involuntary treatment. One reason the Legislature chose not to act on that this session is there is already an expansion of ITA criteria coming July 1 of this year and we will see the impact of that.

Budget

Some unfortunate news is that the media is reporting that funds were placed back in the mental health budget this session, but they forget to report the \$24 million cut in the last session. The County still has a \$3.7 million deficit in state funds. The Legislature gave King County \$1.5 million, a one-time only transitional fund to address the issue of our spending on services in IMDs. They also gave funds for a Program of Assertive Community Treatment (PACT) team, albeit housing is needed, and funds were also provided for three evaluation and treatment facilities—one of these in King County—although no capital budget was passed.

King County is getting ready to release a Request For Qualifications (RFQ) to discover if agencies are interested and able to provide the space necessary to meet this challenge. The MHCADSD is working with the Community Services Division who may have some capital available for these types of projects.

Yesterday, Governor Inslee signed Substitute Senate Bill 6312—an act requiring the integration of mental health and substance abuse services in one contract, with one payment mechanism for the delivery of all services by April 2016. A legislative taskforce will make recommendations on some of the requirements of the Bill, and regions that wish to become Behavioral Health Organizations will be required to submit a detailed plan.

The integration Bill will move the County away from fee for service contracting to an integrated, managed care capitated system on the substance use side, just like the mental health side. The County is in support of this effort.

The Bill also calls for changing the name from Regional Support Networks (RSNs) to Behavioral Health Organizations (BHO). These BHOs would become the entity that manages the integrated systems. King County intends to remain as its own RSN or BHO.

More documentation on these protocols can be found by visiting <http://www.kingcounty.gov/healthservices/MentalHealth/Board/ArchivedMinutesandMeetingMaterials.aspx>

VII. Quarterly Liaison Reports

No report.

VIII. Board and Community Concerns

Joan Clement reported \$3 million was cut in substance abuse funding, and Jim Vollendroff is hoping to get an increase in the very low vendor rate. He is working with Recovery Centers of King County to open a 16-bed detox facility in Federal Way, and possibly in other areas.

Helen Nilon shared concerns of those against Murphy Bill HR 3717, introduced in December 2013. Washington state could lose \$68 million that includes:

- Transformation Grants
- Bring Recovery Supports to Scale Technical Assistance Support (BRSS TACS)
- State Consumer and Family and Youth Network Grants
- Congress would have the right to veto each and every SAMHSA grant
- Tells the states they must adhere broad definition of commitment (ITA)
- Defines for states outpatient Voluntary and Involuntary Commitment laws
- States it is designed to “fix a broken mental health and homelessness” or who have failed the current model of care it forces that style of care to be continued, despite growing and overwhelming evidence that more effective evidence-based practices exist.

She stated a broad spectrum of organizations are opposing this bill.

IX. Adjournment

There being no further business, the meeting adjourned at 6:35 p.m.

Prepared by:
Bryan Baird, Board Liaison

Attested by:
Toni Krupski, Chair